



SUMMERAIL AT C.U.T.

**SATURDAY AUGUST 08, 2015
DEALER REGISTRATION FORM**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

E-MAIL: _____

NAME TAG #1: _____

NAME TAG #2: _____

NAME TAG #3: _____

I WOULD LIKE TO ORDER THE FOLLOWING:

NO# _____ 8 FT. TABLES @ \$30.00,

ELECTRIC HOOKUP AT \$15.00 YES ___ NO ___

******* ORDERS MUST BE RECEIVED BY NO LATER THAN AUGUST 1 *******

I WILL PAY BY THE FOLLOWING METHOD (Make Checks payable to Summerail Show)

CHECK # _____ AMOUNT\$ _____

VISA _____ MASTERCARD _____

CARD# _____ EXPIRES _____

SIGNATURE _____

Return Order Form To: Summerail Show & Sale

C/O Gary Rolih

4 Sheldon Close

Cincinnati, OH, 45227

513-561-1670 srolih@cinci.rr.com

******* ORDERS FILLED ON FIRST COME, FIRST FILED*******